

One hundred per cent of all travelers who have traveled 200,000 miles or more away from home have relied on Lomotil to control diarrhea.

When your patients need a reliable antidiarrheal — at home
or away from home — rely on Lomotil.

LOMOTIL®

TABLETS/LIQUID

Each Lomotil tablet and each 5 cc. of
Lomotil liquid contain:
diphenoxylate hydrochloride 2.5 mg.
(Warning: May be habit forming)
atropine sulfate 0.025 mg.

In diarrheas associated with:

- gastroenteritis
- acute infections
- functional hypermotility
- irritable bowel
- ileostomy
- drug-induced diarrhea

Warnings: Lomotil should be used with caution in patients taking barbiturates and, if not contraindicated, in patients with cirrhosis, advanced liver disease or impaired liver function.

Precautions: Lomotil is a federally exempt narcotic with theoretically possible addictive potential at high dosage; this is not ordinarily a clinical problem. Use Lomotil with considerable caution in patients receiving addicting drugs. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Signs of accidental overdosage may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachy-

cardia; continuous observation is necessary. The subtherapeutic amount of atropine sulfate is added to discourage deliberate overdosage.

Adverse Reactions: Side effects reported with Lomotil therapy include nausea, sedation, dizziness, vomiting, pruritus, restlessness, abdominal discomfort, headache, angioneurotic edema, giant urticaria, lethargy, anorexia, numbness of the extremities, atropine effects, swelling of the gums, euphoria, depression and malaise. Respiratory depression and coma may occur with overdosage.

Dosage: The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are as follows:

Children:

3-6 mo. 1/2 tsp. * t.i.d. (3 mg.)
6-12 mo. 1/2 tsp. q.i.d. (4 mg.)
1-2 yr. 1/2 tsp. 5 times daily (5 mg.)
2-5 yr. 1 tsp. t.i.d. (6 mg.)
5-8 yr. 1 tsp. q.i.d. (8 mg.)
8-12 yr. 1 tsp. 5 times daily (10 mg.)

Adults: 2 tsp. 5 times daily (20 mg.)
or 2 tablets q.i.d.

*Based on 4 cc. per teaspoonful

Maintenance dosage may be as low as one-fourth the initial daily dosage. 952

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Ignoring trouble won't make it go away. So write to the American Cancer Society at 44 E. 53rd Street, New York, N. Y. 10022, for a booklet on Breast Self Examination and for your ticket for a free examination. And start looking for trouble. It could save your life.

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Scaled for the patient with high-level anxiety

Librium® (chlordiazepoxide HCl) 25-mg capsules

Because anxiety varies widely from patient to patient, and even in the same individual, Librium (chlordiazepoxide HCl) is supplied in various dosage strengths to suit the level of anxiety. Thus, during periods of acute emotional stress, the patient may need 25 mg Librium *t.i.d.* for relief. In mild to moderate anxiety, smaller doses of 5 or 10 mg, given three or four times daily, usually suffice.

The resulting improvement in outlook is a characteristic benefit of Librium therapy, utilized as an adjunct to your counsel and reassurance. Another advantage: Librium may also be used concomitantly with certain specific medications of other classes of drugs, whenever anxiety is a significant component of the clinical profile.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring com-

plete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are

reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral*—Adults: Mild and moderate anxiety and tension, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* Geriatric patients: 5 mg *b.i.d.* to *q.i.d.* (See **Precautions**.)

Supplied: Librium®(chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 50. Libritabs®(chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

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Published monthly

Subscription office: S-H Service Agency, Inc.
31 East 10th Street, New York, N. Y. 10003

Annual subscription: United States \$10.00, Canada \$11.00,
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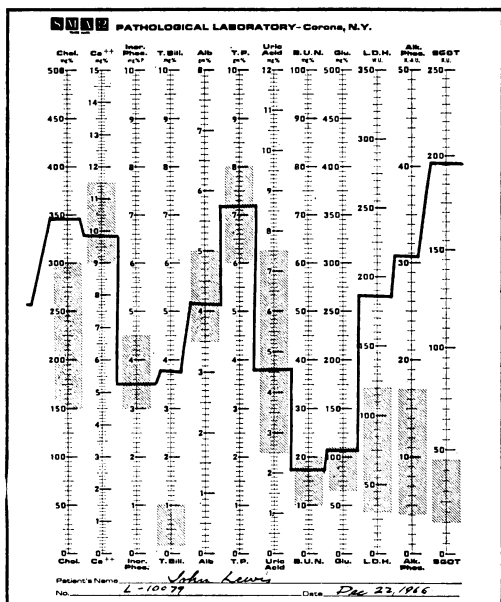
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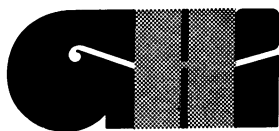


John Kearsley Mitchell
(1792-1858)

After sailing on three voyages to China and the East Indies as ship's surgeon, Dr. Mitchell set up practice in Philadelphia and joined the faculty of the Philadelphia Medical Institute. He is known primarily as the author of "Saint Helena, a Poem by a Yankee," and "Indecision, a Tale of the Far West and Other Poems."

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Valium® (diazepam) may be indicated

to help relieve skeletal muscle spasm

Valium (diazepam), employed adjunctively, helps patients regain range of motion and resume daily activities more promptly... proper maintenance doses seldom dull the senses or interfere with functioning... when psychic tension and spasm interfere with sleep, consider an *h.s.* dose.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms have occurred following abrupt discontinuance. Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal

or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation, have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.



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Artist's conception: cross-section of body muscle at level of third thoracic vertebra.